

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4181

State File No.

BIRTH NO.		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u> <u>Egypt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne Mo</u> <u>0170</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 East Elm Street</u>				d. STREET ADDRESS (If rural, give location) <u>602 East Elm Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Cyril</u>		c. (Last) <u>Raabe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>25</u> <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>March 17-1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid for years</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cottersville Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>George Raabe</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Buel</u>		14. NAME OF HUSBAND OR WIFE <u>Lelia C. Raabe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John C. Raabe</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, diffuse</u> DUE TO (c) <u>Essential Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-21-</u> , 19 <u>50</u> , to <u>2-25-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-25-</u> , 19 <u>50</u> , and that death occurred at <u>3:15 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph E. Haskell</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>212 South Pine St. Norborne Mo.</u>		23c. DATE SIGNED <u>2-27-50</u>	
24a. BURIAL CREMATION REMOVAL <u>Burial</u>		24b. DATE <u>Feb 27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grace Heart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>2 miles East Norborne Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 27-1950</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Ditch</u> ADDRESS <u>Norborne Mo</u>			

(Licensed Embalmers' Stamp on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. MAR 6

District File Number.....

Date Filed 3-6-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
and John Deitch Jr Student Embalmer No. 322
working under my personal supervision.

Student John Deitch Jr
Student Embalmer

Signed John G Deitch Sr.

Licensed Embalmer No. 3654

P. O. Address Harbome Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.